



AUTHORIZATION TO PHOTOGRAPH/RECORD

I give permission for my name, photographic image, video recording, and/or voice recording to be used in conjunction with Bastyr University, Bastyr Center for Natural Health, Bastyr University Clinic, as well as any authorized health care related information I provide, to be used by Bastyr University, its campuses, clinic, or affiliates in future print and electronic promotion and fundraising materials.

I do not require my approval of a finished product containing my name, image, and/or voice before it is published. I acknowledge that I will not receive notification before a product containing my name, image, and/or voice is published.

When/if I wish to no longer have my name, image, and/or voice used in future promotional and fundraising materials for Bastyr, I will provide 60 days advanced written notification to the Bastyr University marketing department.

Name

Signature

Date

AUTHORIZATION TO PHOTOGRAPH/RECORD A MINOR

In the event that my child's photographic image and/or voice is being recorded, I likewise offer my parental/guardian consent for them to participate as outlined above.

Child's Name

Parent/Guardian Name

Signature

Date